<b>PATENT</b>	<b>APPLICATION F</b>	E DETERMINATION	<b>RECORD</b>
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Effective October 1, 2000

**Application or Docket Number** 

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL EI	NTITY	OR	OTHER SMALL			
TOTAL CLAIMS		28				ı	RATE	FEE	<b>)</b>	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			36 mi	36 minus 20=		• 16		X\$ 9=	144	OR.	X\$18=	
INC	EPENDENT CI	_AIMS	17 m	inus 3 =	14	,		X40=	560	1	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT					-	780	OR					
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=	135	OR	+270=		
								TOTAL	1104	OR	TOTAL	
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)					OTHER THAN SMALL ENTITY OR SMALL ENTITY							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	-	=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		▎▐	.105			.070	
							L	+135=		OR	+270=	
							А	DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur HIGH		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUTIPLE DEI	PENDENT	CLAIM			+135=		OR	+270=	***************************************
								TOTAL			TOTAL	
		(Column 1)		(Colur	nn 2)	(Column 3)	А	DDIT. FEE L		,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING		HIGH	EST		Ιг		ADDI-	ı	T	ADDI-
		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=			X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		▎├	740=		OR	∧6U=	
• 1	f the entry in colu	mn 1 is lose than th	no ontre in act	ımn O issides	"O":	l 0		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nun	nber Previously Pai	d For" (Total o	r Independe	s iess tha ent) is the	រា 3, enter "3." highest number			ropriate box			

## NOTICE OF FEE DUE

DATE:	-09-15-03		***	
TO:	MEDA (			
FROM:	Office of Initial Pater	nt Examinati	on	
SUBJECT	: Fee Due			<i>*</i>
APPLICA	TION NUMBER:		· · · · · · · · · · · · · · · · · · ·	· ·
Office for t authorization	he following reason. I on to charge a deposit a appropriate fee. If an a	Please check account. If a	the applicat n authorizat	S. Patent and Trademark ion for the appropriate tion is present, please ent, notify the applicant of
Insuffic	ient fee by check			
/ Insuffici	ent funds in deposit ac	count		
Declined	d credit card			RECEIVED
G- Non autl	norization for charge to	o deposit acc	ount	SEP 1 7 2003 OFFICE OF PETITIONS
□ No fee s	ubmitted per requirem	ent É		
		•	<b>3.</b>	
The correct	fee code:		amount	\$
The suspend	led fee code: 1999		amount	- \$
Fee Due			amount	=\$
Eleanor Kurt	ny questions, please co z at 703-308-3642.	ontact Cynth	ia Streater a	t 703-306-5430 or
Terminal Ope	erator While			